



**RETAILER/INSTALLER'S
WEEKLY REPORT
FOR
MANUFACTURED HOME
INSTALLATIONS**

1. Please type or print legibly.
2. Complete **all** columns.
3. DISTRIBUTION
 - a. Department
 - b. Retain copy for records

Report for Week of Monday, _____

Month/Date/Year

Page ____ of ____

☐ Retailer ☐ Installer **(Check one)**

License ID Number: _____

Name of Company: _____

Phone No: _____

Street Address: _____

Fax No: _____

City, State, ZIP: _____

Email: **«Email»** _____

Name of Authorized Representative: _____

INSTALLATIONS PERFORMED THIS WEEK

DECAL # Place label here	DATE OF COMPLETION	SERIAL # (or HUD label # if n/a)	CONSUMER	STREET ADDRESS	CITY

INSTALLATIONS SCHEDULED NEXT WEEK

SCHEDULED START DATE	SERIAL #	CONSUMER	STREET ADDRESS	CITY

Mail report to: Dept. of Commerce & Insurance, Manufactured Housing Section
500 James Robertson Pkwy, 3rd Floor.
Nashville, TN 37243-1162

Or fax report to: 615-741-9388

IN-1496 (Rev. 3-05)

*** REPORT TO BE SUBMITTED FOR
EACH WEEK THAT ANY INSTALLATIONS
WERE COMPLETED OR SCHEDULED.
* BLANK REPORTS NOT REQUIRED.**

